| <b>Application</b> | or Docket | Number |
|--------------------|-----------|--------|
|                    |           |        |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN                                                                                                                                                                                                                            |                                                                          |                                           |                |                                   |                |                  |           |            |                        |            | R THAN    |                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-------------------------------------------|----------------|-----------------------------------|----------------|------------------|-----------|------------|------------------------|------------|-----------|------------------------|
| (Column 1) (Column 2)                                                                                                                                                                                                                                                       |                                                                          |                                           |                |                                   |                |                  |           | TYPE       |                        |            | •         | ENTITY                 |
| TOTAL CLAIMS                                                                                                                                                                                                                                                                |                                                                          | 65                                        |                | ·                                 |                |                  | RATE      | FEE        | ]                      | RATE       | FEE       |                        |
| FOR                                                                                                                                                                                                                                                                         |                                                                          | NUMBER                                    | NUMBER FILED   |                                   | NUMBER EXTRA   |                  | BASIC FE  | E 385.00   | OR                     | BASIC FEE  | 770.00    |                        |
| TOTAL CHARGEABLE CLAIMS U minus 20=                                                                                                                                                                                                                                         |                                                                          |                                           | nus 20=        | · 4                               | 5              |                  | X\$ 9=    |            | OR                     | X\$18=     | 810       |                        |
| INDEPENDENT CLAIMS   \ \ minus 3 =                                                                                                                                                                                                                                          |                                                                          |                                           |                | <u>'</u>                          | 5              |                  | X43=      |            | OR                     | X86=       | 1290      |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                                                                            |                                                                          |                                           |                |                                   |                |                  |           | +145=      |                        | OR         | +290=     |                        |
| * 11                                                                                                                                                                                                                                                                        | * If the difference in column 1 is less than zero, enter "0" in column 2 |                                           |                |                                   |                |                  |           | TOTAL      |                        | OR         | TOTAL     | 2870                   |
|                                                                                                                                                                                                                                                                             |                                                                          | LAIMS AS A                                | MENDE          | - PART                            | ΓII            |                  |           |            |                        |            | OTHER     |                        |
| <u>.                                    </u>                                                                                                                                                                                                                                |                                                                          | (Column 1)                                |                | (Colum                            |                | (Column 3)       |           | SMALL      | ENTITY                 | OR         | SMALL     | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                                                                                 | ·                                                                        | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHE<br>NUMB<br>PREVIO<br>PAID F | ER<br>USLY     | PRESENT<br>EXTRA |           | RATE       | ADDI-<br>TIONAL<br>FEE |            | RATE      | ADDI-<br>TIONAL<br>FEE |
| NON.                                                                                                                                                                                                                                                                        | Total ·                                                                  | *                                         | Minus          | **                                |                | =                |           | X\$ 9=     |                        | OR         | X\$18=    |                        |
| AME                                                                                                                                                                                                                                                                         | Independent                                                              | *                                         | Minus          | ***                               | <u> </u>       | -                |           | X43=       |                        | OR         | X86=      |                        |
|                                                                                                                                                                                                                                                                             | FIRST PRESE                                                              | NTATION OF MI                             | JUITPLE DEI    | PENDENT                           | CLAIM'         |                  |           | +145=      |                        | OR         | +290=     |                        |
|                                                                                                                                                                                                                                                                             |                                                                          |                                           |                |                                   |                |                  | L         | TOTAL      |                        |            | TOTAL     |                        |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                                                                                            |                                                                          |                                           |                |                                   |                | Α                | DDIT. FEE |            |                        | ADDIT. FEE |           |                        |
|                                                                                                                                                                                                                                                                             |                                                                          | CLAIMS                                    |                | HIGHE                             | ST             |                  |           |            | ADDI-                  | 1 6        |           | ADDI-                  |
| AMENDMENT B                                                                                                                                                                                                                                                                 |                                                                          | REMAINING AFTER AMENDMENT                 |                | NUMB<br>PREVIOI<br>PAID F         | USLY           | PRESENT<br>EXTRA |           | RATE       | TIONAL                 |            | RATE      | TIONAL<br>FEE          |
|                                                                                                                                                                                                                                                                             | Total                                                                    | •                                         | Minus          | **                                |                | =                |           | X\$ 9=     |                        | OR         | X\$18=.   | 1 1-1-                 |
| AME                                                                                                                                                                                                                                                                         | Independent                                                              | *                                         | Minus          | ***                               |                | =                |           | X43=       |                        | OR         | X86=      |                        |
|                                                                                                                                                                                                                                                                             |                                                                          | NTATION OF MU                             |                |                                   |                |                  |           | +145=      |                        | OR         | +290=     |                        |
| Ì                                                                                                                                                                                                                                                                           | 1-10 17 1 24 51 25 21 31 28                                              |                                           |                |                                   |                |                  | Ļ         | TOTAL      |                        | OR A       | TOTAL     | <u>.</u>               |
|                                                                                                                                                                                                                                                                             | •                                                                        | (Column 1)                                | -21 -2         | • •                               | زرا<br>• • • • |                  | < A       | DDIT. FEE  | •                      |            | DDM: FEEL | ·                      |
|                                                                                                                                                                                                                                                                             | `                                                                        | CLAIMS                                    |                | (Columi                           | ST             | (Column 3)       |           | ·          | 4001                   |            |           |                        |
| MEN                                                                                                                                                                                                                                                                         |                                                                          | REMAINING .<br>AFTER<br>AMENDMENT         |                | NUMBE<br>PREVIOU<br>PAID FO       | ISLY           | PRESENT<br>EXTRA |           | RATE       | ADDI-<br>TIONAL<br>FEE |            | RATE      | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                                                                             | Total                                                                    | •                                         | Minus          | 44                                |                | =                |           | X\$ 9=     |                        | OR         | X\$18=    |                        |
|                                                                                                                                                                                                                                                                             | Independent                                                              |                                           | Minus          | ***                               |                | =                | H         | X43=       |                        |            | X86=      |                        |
|                                                                                                                                                                                                                                                                             | FIRȘT PRESE                                                              | NTATION OF MU                             |                | ENDENT C                          | CLAIM          |                  | -         | 7,40-      |                        | OR -       | ^00=      |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                                                                       |                                                                          |                                           |                |                                   |                |                  |           | <u> </u>   |                        |            |           |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |                                                                          |                                           |                |                                   |                |                  |           |            |                        |            |           |                        |
| Ť                                                                                                                                                                                                                                                                           | he "Highest Num                                                          | ber Previously Paid                       | For" (Total or | Independent                       | l) is the h    | ighest number    | found     | in the app | ropriate box           |            |           |                        |